

Dyspnea

Common symptom at EOL and can be more distressing to the patient and family than pain.

It is seldom a single cause and episodes are almost always exacerbated by anxiety or psychosocial distresses.

Traditional medical intervention would be appropriate for conditions which appear reversible.

- 1) Pneumonitis results in a high likelihood of recurrent episodes due to lessening activity, presence of tumor, and poor nutritional status. The decision to give antibiotics depends on trajectory and potential for benefit.
- 2) Reduce fluid intake if rales are present
- 3) Thoracentesis may be considered for severe pleural effusion, but does not always change the clinical picture
- 4) Oxygen is rarely helpful in chronic dyspnea

Comfort Measures:

- 1) Position for comfort, usually at a 45-degree angle or with arms over a pillow on a table
- 2) Emotional support and calming effect of the presence of a person who can be reassuring and encourage relaxation
- 3) Keep the room cool and humidified; a fan or open window may help

Medical Measures:

- 1) Morphine 5 mg SQ or SL Q3H PRN; may repeat in 20 minutes if necessary. It reduces inappropriate tachypnea and over ventilation of the large airways, making breathing more efficient and without CO₂ retention
- 2) Diazepam 5-10 mg IM or PO Q6H, can be added for anxiety
- 3) Bronchodilators, nebulizers, or steroids, may be added, but are generally helpful only if they have a history of being effective for a prior longstanding lung condition
- 4) Aerosolized MS 4 mg in 3-4 cc of NACL for panic dyspnea

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